



State of Washington
Application for a Water Right Permit

For Ecology Use
(Date Stamp)

☐ SURFACE WATER ☒ GROUND WATER
☒ Permanent ☐ Temporary ☐ Short Term

Follow the attached instructions. Attach additional sheets as necessary.

A NON-REFUNDABLE MINIMUM FEE OF \$50.00 PAYABLE TO
THE DEPARTMENT OF ECOLOGY MUST ACCOMPANY THIS APPLICATION.

Section 1. APPLICANT

Applicant/Business Name: <u>Stephen L. (Steve) Patterson</u>	Phone No: <u>509 422-2901</u>	Other No:
Address: <u>#2 DRY COULER RD</u>		
City: <u>OKANOGAN</u>	State: <u>WA.</u>	Zip: <u>98840-8259</u>
Email Address (optional):		

Contact Name (if different from above): <u>SAME AS ABOVE</u>	Phone No:	Other No:
Relationship to Applicant:		
Address:		
City:	State:	Zip:
Email Address (optional):		

Section 2. STATEMENT OF INTENT

Briefly describe the purpose of your proposed project: TO PUT IN ADDITIONAL WELL ON MY PROPERTY TO START A TREE FARM. (X-MAS & BIRCH ORNAMENTAL & TRANSPLANTABLE SEEDLINGS)

Anticipated length of time to complete your project: 2 TO 3 YRS. TO GET SET UP. 5 TO 10 YEARS TO FIRST HARVEST.

Water Use List all purposes for which water will be applied to a beneficial use and list quantity required for each.

Purpose(s) of Use	Rate (check one box only)		Acre-Feet per Year (AF/YR) (If known)	Period of Use (Continuously or Seasonal)
	<input type="checkbox"/> Cubic Feet per Second (CFS)	<input checked="" type="checkbox"/> Gallons per Minute (GPM)		
<u>WATER TREES 200 trees on 4.5 Acs. with Dip. System. Supplemental General lawn & garden water in hot weather.</u>	<u>200 trees at 1 GPM/Tree approx 3,333 gal/minute.</u>			<u>April 15th to October 15th. (Times approx.)</u>
TOTAL:				

Short Term/Temporary Water Use

Is this a request for a short term project (less than four months and non-recurring)? ☐ YES ☐ NO

Is this request for a temporary permit? ☐ YES ☐ NO

If yes to either question above, indicate the dates that the water will be needed:

FROM: / / TO: / /

For Ecology Use	APPLICATION NO: <u>64-35207</u>	SEPA: <u>Exempt/Not Exempt</u>
	Fee Paid: _____ Check No: _____	ECY Coding: 001-001-WR1-0285-000011
Date Returned: _____	By: _____ Priority Date: <u>07-21-2008</u>	By: _____ WR1A: <u>49</u>

Section 3. POINT OF DIVERSION OR WITHDRAWAL

Complete A or B, and C below

A.) If Surface Water Source	B.) If Ground Water Source
<input type="checkbox"/> Spring <input type="checkbox"/> Creek <input type="checkbox"/> River <input type="checkbox"/> Lake <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Well(s) <input type="checkbox"/> Other: <u>Propose to Drill</u> <u>a second well</u>
Source Name: _____	Well diameter & depth: <u>Unknown</u>
Tributary to: _____	Number of proposed points of withdrawal: <u>1</u>
Number of proposed diversion points: _____	Do you have an existing well? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Do you have an existing diversion? <input type="checkbox"/> YES <input type="checkbox"/> NO	If available, attach Water Well Report and pump test.
	Well Tag ID No. _____

C.) Point of Diversion/Withdrawal – Legal Description

TAX 47 N484.14'S 1776.31' NE E/RD

Parcel No.	¼	¼	Section	Township	Range	County
3325130047			S 13	T 33 N	R 25 E	Okanogan
Lot(s)	Block(s)		Subdivision			

If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner:

_____ Feet (☐ North/☐ South) and _____ feet (☐ East/☐ West)

from the (☐ NW ☐ SW ☐ NE ☐ SE ☐ _____) corner of Section _____.

Parcel No.	¼	¼	Section	Township	Range	County
Lot(s)	Block(s)		Subdivision			

If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner:

_____ feet (☐ North/☐ South) and _____ feet (☐ East/☐ West)

from the (☐ NW ☐ SW ☐ NE ☐ SE ☐ _____) corner of Section _____.

NOTE: If more than two points of diversion/withdrawal attach additional information on a separate sheet of paper.

Do you own the land on which the proposed point of diversion/withdrawal is located? ☒ YES ☐ NO

If no, do you have legal authority to make this application for use of another's land? ☐ YES ☐ NO

Provide the owner name(s), address, and phone number: _____

Section 4. PLACE OF USE

Attach a copy of the legal description of the property (on which the water will be used) taken from a real estate contract, property deed or title insurance policy, or copy it carefully in the space below.

¼	¼	Section	Twp.	Range	County	Parcel No.

Do you own all the lands on which the proposed place of use is located? ☒ YES ☐ NO.

If no, do you have legal authority to make this application for use of another's land? ☐ YES ☐ NO

Provide owner name(s), address, and phone number: _____

Are there any other water rights or claims associated with this property or water system? ☐ YES ☒ NO

If yes, provide the water right and/or claim numbers: _____

Attach a map of your project showing the point of diversion/withdrawal and place of use. If platted property, be sure to include a complete copy of the plat map.

Section 5. WATER SYSTEM DESCRIPTION

Describe your proposed water system (include type and size of devices used to divert or withdraw water from source): STANDARD 6" CB" WELL w/ 3/4 to 1 HP Pump, Pressure Tank, with TWO OR THREE WATER LINES TO TWO OR THREE 1 1/2 AC. Planting Plots. From THE PLOTS at the END OF THE LINES, A Dip system will Run to individual trees (Approx. 200 to start) at a rate of 1 gph. WATERED ON Average every other day for 2 HRS each, depending on Temp. or Natural Moisture. AVG. MONTHLY USE APPROX. 6000 gallons. MAY thru October. $7 \times 6000 = 42,000/YR$

Section 6. DOMESTIC WATER SUPPLY SYSTEM INFORMATION

Complete A or B, and C below

A.) Domestic Water Systems only	B.) Municipal Water Systems only (defined under RCW 90.03.015)
Projected number of connections to be served: _____	Present population to be served water: _____
Type of connections: (e.g., home, recreational cabin)	Estimate future population to be served: _____ (20 year projection)
C.) Water System Planning	
Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, date plan was approved ____/____/____ Water System Number: _____	
Name of water system: _____	
Are you within the service area of an existing water system? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, explain why you are unable to connect to the system: _____ _____ _____ _____	

Section 7. IRRIGATION/STOCKWATER/OTHER FARM USES

Irrigation

Total number of acres requested to be irrigated under this application = Approx. 4.5 ACRES

NOTE: Outline the area to be irrigated on your attached map.

Stockwater

List number and kind of stock: _____

Is the proposed project for a dairy farm? ☐ YES ☐ NO

Other Proposed Farm Uses

Describe all proposed uses: See water system description above - May use to supplement lawn ^{& border trees} watering in drought conditions as our current well cannot handle garden, lawn, & house use in HOT WEATHER (Runs low on water.)

Family Farm Water Act (RCW 90.66):

Calculate the acreage in which you have a controlling interest, including only:

- Acreage irrigated under water rights acquired after December 8, 1977,
- Acreage proposed to be irrigated under this application, and
- Acreage proposed to be irrigated under other pending application(s).

Is the combined acreage under existing rights greater than 6000 acres? ☒ YES ☐ NO

Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☒ NO

If yes, enter Permit No: _____

Section 8. OTHER WATER USES

Hydropower

Indicate total feet of head _____ and proposed capacity in kilowatts: _____

Describe works: _____

Indicate all uses to which power is to be applied: _____

FERC License No: _____

Mining/Industrial Use

Describe use, method of supplying and utilizing water: _____

Other Use

Section 9. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water? ☐ YES ☒ NO

Are you proposing to store more than 10 acre-feet of water? ☐ YES ☒ NO

Will the water depth be 10 feet or more? ☐ YES ☒ NO

If you answered yes to any of the above questions, please describe: _____

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point and some portion of the storage will be above grade, you must also complete an Application for Permit to Construct a Reservoir and a Dam Construction Permit and Application.

Section 10. DRIVING DIRECTIONS

Provide detailed driving directions to the project site: TAKE SOUTH EXIT OFF HWY 97 TO OKANOGAN,
AT "T" Intersection left on Hwy 20, go Approx 3/4 mile, Right on B+O
Road, South on B+O (up hill) approx 2 miles, Right on Spring Coulee Rd.
Go approx. 1 1/2 miles on Spring Coulee Rd. then Right on Dry Coulee Rd.
Then Right at first Driveway on Right. (2 DRY COULEE.)

Site Address: #2 DRY COULEE RD, OKANOGAN, WA 98840

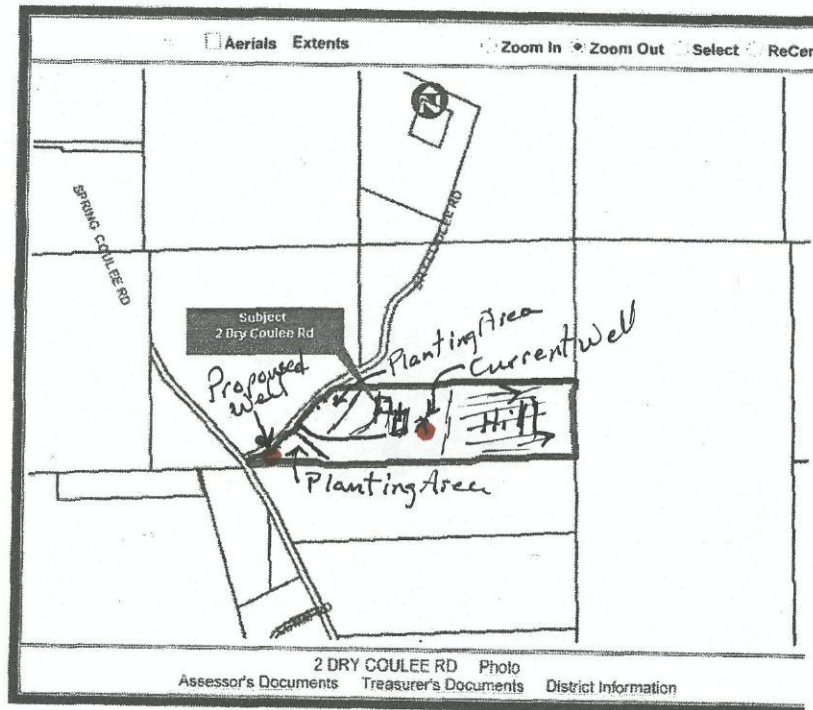
Plat Map

Borrower/Client	Stephen & April Patterson		
Property Address	2 Dry Coulee Rd		
City	Okanogan	State	WA
County	Okanogan	Zip Code	98840-8259
Lender	Bank of America		

copy

Land Information MapSifter

Page 1 of 1

Drawing
Not
To
Scale.

S. Patterson

http://okanoganwa.taxisifter.com/mapsifter5/Show_Map.asp?name=LandInfo&Cmd=html... 4/20/2005

Section 11. REQUIRED SIGNATURES

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though the employees of the Department of Ecology may have assisted me in the preparation of the above application, all responsibility for the accuracy of the information rests with me, the applicant.

Stephen (Steve) L Patterson Stephen L Patterson 07/18/08
 Print Name Signature Date
 (Applicant or authorized representative)

_____ _____ _____
 Print Name Signature Date
 (Landowner of Place of Use)

_____ _____ _____
 Print Name Signature Date
 (Landowner of Place of Use)

_____ _____ _____
 Print Name Signature Date
 (Landowner of Place of Use)

Submit your application to:

DEPARTMENT OF ECOLOGY
 CASHIERING UNIT
 PO BOX 47611
 OLYMPIA WA 98504-7611

Please check the region in which your proposed project is located.

☐ Southwest ☐ Northwest ☒ Central ☐ Eastern

Below is a map of the State of Washington, with outlines of the four Ecology regional offices. If you have questions about your application, contact the Water Resources program at the regional office in which your project is located.



Southwest Regional Office: 360-407-6300

Northwest Regional Office: 425-649-7000

Central Regional Office: 509-575-2490

Eastern Regional Office: 509-329-3400